



STATE OF CALIFORNIA
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231
916-263-0700; Fax 263-0452
www.cgcc.ca.gov

APPLICATION FOR FINDING OF SUITABILITY TRIBAL KEY EMPLOYEE

Designated applicants for licensure as a Gaming Employee (other than a non-key Gaming Employee) are required by the Tribal-State Gaming Compact between the employer Tribe and the State of California to apply to the State Gaming Agency for a determination of suitability for licensure. The State Gaming Agency consists of the California Gambling Control Commission and the Division of Gambling Control of the California Department of Justice, which are entities of the State of California and not of the Tribe. The purpose of this application is to obtain information from you that is necessary to determine whether you meet suitability requirements for licensure under state law. By completing this application you are providing information to the State Gaming Agency that will be used to make that determination.

You must provide truthful information in all your responses in this application. All information provided by you, and all answers to questions in this application, will be subject to verification by the State Gaming Agency. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type or print legibly in ink all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion. Please check only one box, indicating if you are applying for an initial or renewal application.

The completed application should be mailed to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231.

☐ **INITIAL** (ATTACH A COMPLETED TRIBAL KEY EMPLOYEE SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION PACKET - DGC-TBL-001)

☐ **RENEWAL**

YOUR FULL NAME			
LAST	FIRST	MIDDLE	
OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (ALIASES, NICKNAMES, MAIDEN NAME, OTHER NAME CHANGES; LEGAL OR OTHERWISE)			
* ADDRESS OF RECORD			
NUMBER / STREET		APT / UNIT	
CITY	COUNTY	STATE	ZIP
RESIDENCE ADDRESS, IF DIFFERENT FROM ABOVE			
CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
BIRTHDATE (MM/DD/YYYY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	**SOCIAL SECURITY NUMBER	
NAME OF TRIBAL CASINO		NAME OF TRIBE	
JOB TITLE		TRIBAL GAMING AGENCY LICENSE EXPIRATION DATE (MM/DD/YYYY)	

*Once the Commission has found you suitable, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will be considered incomplete.

DECLARATION	
I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____ .	
<i>City and State</i>	<i>Date</i>

Signature in Full	Date
-------------------	------